

Delbert Hosemann  
SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Special Election

Name of Committee

JOEY HOOD

Address

12795 Hwy 371 N Marietta, MS 38856

Telephone

662-871-2929

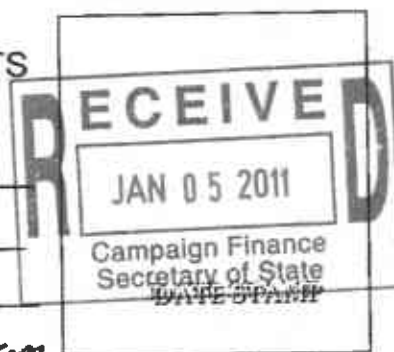
Fax

Treasurer

JOEY HOOD

Email

electjoeyhood@gmail.com



Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory
- ☐ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
- ☐ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1300. <sup>00</sup> + \$ 1700. <sup>00</sup>	\$ 3000. <sup>00</sup>	\$ 3000. <sup>00</sup>
Total amount of disbursements	\$ 2500. <sup>00</sup> + \$	\$ 2,500. <sup>00</sup>	\$ 2500. <sup>00</sup>
Total amount of cash on hand		\$ 500. <sup>00</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

JOEY HOOD

Date

1-4-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1439 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Jay Hoel

Page \_\_\_\_\_ of \_\_\_\_\_

Reporting period 1-1-10 through 1-1-11

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tim Barker</u>		<u>12 / 1 / 10</u>	\$ <u>300.00</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Marvin Smith</u>		<u>12 / 10 / 10</u>	\$ <u>250.00</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phillip &amp; Sandra Martin</u>		<u>12 / 25 / 10</u>	\$ <u>250.00</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code _____		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Safe Security Inc.</u>		<u>12 / 5 / 10</u>	\$ <u>500.00</u>
Mailing Address _____		<u>  /  /  </u>	\$
City, State, Zip Code <u>1835 Commerce Street Grenada, MS 38901</u>		<u>  /  /  </u>	\$
Name of Employer (Required) _____		<u>  /  /  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee

Reporting period

1-1-10

through

1-4-11

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MTS Safety Products	12/15/10	\$ 2250.00
Mailing Address		
150 2nd St. Belmont, MS 38827		
City, State, Zip Code		
Signs		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brownline Printing	11/15/10	\$ 250.00
Mailing Address		
Bonnetville MS		
City, State, Zip Code		
Cards		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$